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CONFIRMATION NO. 7888

<b>SERIAL NUMBER</b> 10/706,638	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 911
<b>APPLICANTS</b> Amit V. Patel, Yorktown Heights, NY; <i>B9</i>				
<b>** CONTINUING DATA *****</b> <i>B9</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>B9</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/06/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>B9</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 23
			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> Amit V. Patel 2289 Willoway Street Yorktown Heights, NY10598				
<b>TITLE</b> Injury immobilization device				
<b>FILING FEE RECEIVED</b> 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	